Fort Worth Employee University Registration Form

IMPORTANT: please **complete all information on the form before emailing. NOTE: A FAC# is only required for computer classes ie; Excel, Word, Power Point, Access and Outlook.

Last Name: | First Name: | Middle Initial:

Department: | Division: | FAC:

Employee ID Number: | Work Phone Number:

Job Family: ☐Administrative ☐Professional/Technical ☐Supervisory/Managerial ☐Operations

Course Title:	Date:	Alternate Date:
1.		
2.		
3.		

Supervisor's Name (please type or print):

Supervisor's Signature: _____

Email to irene.jasoni@fortworthtexas.gov
or Fax 817-392-2420